



NEWSLETTER OF THE HIV, TB AND MNCWH CLUSTER

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1. EDITORIAL

The National Health Council has reviewed and adopted three important policies related to work of the Branch. These are the National Adolescent and Youth Health Policy, Breast Cancer Policy as well as the Cervical Cancer Policy. We are hoping to formally launch these policies in August. In the meantime provinces should have received copies of these policies and should be planning implementation.

In this issue of the Newsletter we discuss some of the key results from the Demographic and Health Survey 2016. These results provide a mirror against which we should evaluate our interventions and determine areas that need improvement.

In March this year the Deputy President launched the National Strategic Plan for HIV, TB and STIs, 2017-2022. This document provides us with a 5 year roadmap for these three diseases with targets to be achieved. These five years are critical to our objective of eliminating HIV and TB as public health threats by 2030 and therefore demands our full and undivided attention and focus.

In previous issues of the Newsletter we noted the importance of the Sustainable Development Goals. These goals remind us of the importance of intersectoral action as well the social determinants of health. Whilst most of us focus on access to health services as well as quality of care offered in health facilities we need to pay as much attention to health in communities.

Finally, we focus on the key elements in the White Paper on the National Health Insurance which was recently adopted by Cabinet and made public by the Minister of Health on 29 June.

2. RESULTS FROM THE 2016 DEMOGRAPHIC AND HEALTH SURVEY

The last Demographic and Health Survey (DHS) was conducted in 2003 (with the first ever DHS conducted in 1998). The 2016 DHS therefore provides us with a recent set of baselines and allows us to monitor progress against the 2003 DHS. The preliminary findings of the 2016 DHS can be found on the STATSSA website (www.statssa.gov.za). In this newsletter we highlight some of the data that relate to the Branch from the 2016 DHS.

Let's start with total fertility rates: these have declined from 2.9 in 1998 to 2.6 in 2016. This means that on average women have 2.6 children in their lifetime. Lower rates of fertility are good as it creates the condition for a better life for both mom and baby. Birth spacing is also important. So what about access to contraception?

Regrettably, the percentage of 15-19 year olds who have at least one child has not changed between 1998 and 2016. 16% of adolescent girls have started childbearing in this age range!

What does this mean for contraceptive use? 64% of sexually active unmarried women reported using contraceptives, with 26% using injectables, 24% male condoms, the pill (5%) and implants (5%). Among married women the contraceptive prevalence rate was unchanged between 1998 and 2016 at 54%.

These data suggest that we need to do more to promote and provide contraceptives to sexually active women.

What does the 2016 DHS tell us about mortality rates? The table below shows the change in mortality rates between 1998 and 2016 (neonatal and maternal mortality rates are still be calculated and finalised):

Mortality rates	1998	2016
Infant mortality rate	45/1000	35/1000
<5 mortality rate	59/1000	42/100

While it is great that mortality rates are declining, it is clear that the declines are too slow. This means that we need to do more to focus on the key causes of mortality which continue to be: HIV, diarrhoea, pneumonia and severe acute malnutrition. In addition, we need to focus on addressing the major causes of neonatal mortality: prematurity, infections/sepsis and asphyxia.

We know that childhood vaccinations are life saving! The 2016 DHS found high levels of immunisation for first doses but significantly lower coverage of subsequent doses. This has resulted in only 61% of children 12-23 months who had all their vaccinations! Even more seriously, 5.3% of children received NO vaccinations at all, with Mpumalanga having the highest percent of children having no vaccinations (10.4%). Of all caregivers who were asked about vaccination coverage, only two thirds (66%) were able to provide a Road to Health Booklet so that coverage could be accurately accessed!

We must urgently address areas in each district with poor immunisation coverage. There should be no excuses for poor coverage!

There is some good news about exclusive breastfeeding rates. These have increased from 7% in 1998 to 32% in 2016. However, 25% of children under 6 months were not breastfed at all. In addition, only 23% of children 6-23 months were fed a minimum acceptable diet – which means that complementary feeding practices were sub-optimal. This is further demonstrated by a significant increase in stunting after 6 months of age (with rates of 40-45% found in children 18-27 months of age).

We need to focus more on feeding practices of children with additional support to caregivers.

Rates of multiple sexual partners reported by women and men were high. 5% of women and 17% of men reported more than 2 sexual partners in the past 12 months. Of these 58% of women and 65% of men reported using condoms during their last sexual intercourse.

We therefore need to decrease multiple partnerships and increase condom use especially among those involved in risky sexual practices.

Whilst adults reported knowing where to get an HIV test, those between 15-19 years of age reported not knowing where to get an HIV test! Of concern was the finding that of those aged 15-49 years, 29% of men and 17% of women reported never having an HIV test!

We need to target those that have never had an HIV test, especially the young and men to ensure that they are offered an HIV test.

Alcohol use, including binge drinking, is associated with risky sexual behaviour as well as sexual and gender based violence. The DHS found that 5% of women and 28% of men reported risky drinking (5 of more measures of alcohol on a single occasion in the past 30 days). In addition, 1 in 5 women reported physical abuse by a partner during the past 12 months with younger women more likely than older women reporting abuse. We need to assess alcohol use at every encounter with a view to counselling relevant patients on alcohol use and its abuse.

We know that smoking is a significant risk factor for contracting TB. 7% of women and 37% of men (above the age of 15 years) reported that they used tobacco products. This means that smokers should be screened and tested for TB.

The final report, with province specific data, will be available before the end of the year. In the meantime there is sufficient data for us to shape our interventions at national, provincial and at district level.

All managers are encouraged to review data at their disposal and intervene accordingly – remember “what gets measured gets done”!

3. NSP 2017-2022: WHAT NEEDS TO BE DONE?

After significant consultation at national and provincial levels, the NSP to guide interventions to reduce new infection rates of HIV, TB and STIs was finalised and launched in March this year. Provinces are expected to rapidly complete their provincial implementation plans (PIPs) which should be built up from the district implementation plans (DIPs).

We are clearly concerned that the incidence of HIV has not dropped significantly over the past 5 years. This means that we need to renew our efforts to prevent new HIV infections as called for by the Deputy President at the SA AIDS conference in early June – the Deputy President called for a **HIV Prevention Revolution** in his keynote address!

What can the Department of Health contribute to this Prevention Revolution? Here are some ideas:

- Target male and female condom distribution to those who are involved in risky sexual relations – as noted by the DHS far too many men and women have multiple partners and do not use condoms! These are also the people that need to test for HIV frequently so that they know their status.
- Our HIV testing services must reach more men and young people – this means taking services to them as we know that men and young people are not frequent users of health services. This can include community based testing, keeping clinics open after hours and weekends to test men and young people.
- We will be planning a national HIV testing campaign similar to that of 2010 – details will follow
- Target men 20-35 years of age in particular for medical male circumcision – there are areas, such as Ethekewini that have large numbers of uncircumcised men.
- Ensure that pregnant women are offered a HIV test at every antenatal and postnatal visit as well as during the breastfeeding period; pregnant women should continue to use condoms to protect them from HIV and other STIs as well.
- We must heighten our communication about HIV – it appears that our information, education and communication programmes are NOT reaching those most vulnerable to HIV
- Accelerate implementation of the She Conquers Campaign
- Increase use of MomConnect and B Wise – these strategies get information to people who need to know how to protect themselves

We have 3.9m people on ART. However, the loss to follow-up remains acceptably high. Every effort must be used to strengthen adherence to treatment, using lay counsellors in clinics as well as community health workers in communities and facilities. We need to strengthen our treatment support groups in each district. HAST managers at provincial and district levels must monitor implementation of the 90-90-90 strategy using the cascade.

TB remains the main cause of mortality of men and people living with HIV. This means that we need to ensure that all users of our health facilities (clinics and hospitals) must be screened for TB. We estimate that there are 150 000 people with undiagnosed and untreated TB with another 25 000 who were diagnosed but not on treatment or lost to

follow-up after being initiated on treatment. We have to use innovative strategies to find the 175 000 people with TB but not treated and initiate them on treatment as rapidly as possible. Key is contact tracing – we need to visit the homes of every known TB patient and screen all contacts. We need to ensure that all patients admitted to hospitals are screened for TB. Every district must estimate how many people with TB they are missing and find them. This must be a campaign at district level.

We have neglected **STIs** over the past 5 years. We therefore need to step up our activities in this regard, including providing information to men and women about STIs, screening for STIs and treating – with partner notification.

4. LINKING COMMUNITIES AND HEALTH FACILITIES

All of the issues raised in the sections above require that we engage more actively with communities. Clinic committees and hospital boards as well as community fora must be more actively engaged to ensure that we deal with the social determinants of health. For example, high rates of acute severe malnutrition have roots in communities, including community practices and poverty. Low use of contraception, as well as increased use of condoms, also needs significant community engagement. See article on Ethiopia in the WHO Bulletin (<http://www.who.int/bulletin/volumes/93/11/en/>).

It is clear from the results of the DHS, as well as the challenges with HIV and TB, that unless we mobilise communities and engage communities in their own behaviour and health we will not succeed in reducing rates of disease as well as mortality rates. HAST as well as MCH co-ordinators in districts are urged to work hard to engage communities through formal and informal channels to ensure that communities are empowered to take decisions that can impact positively on the health of their community members. This also involves engaging and working with schools, religious organisations, traditional leaders and traditional healers, NGOs and CBOs and the private sector (business leaders and informal traders).

5. WHITE PAPER ON THE NATIONAL HEALTH INSURANCE

On 29 June the Minister of Health (with MECs) released the White Paper on the National Health Insurance (NHI). This is the final policy document on the NHI and includes a chapter on implementation, including transitional arrangements. The NHI is South Africa's version of universal health coverage (UHC) which has been labelled as the key health sector reform to achieve equity in access to health services.

The White Paper can be accessed through the National Department of Health's website (www.health.gov.za). All managers are urged to read the White Paper as it has implications for all of us.

6. MOMCONNECT AND NURSECONNECT.

As readers will recall, MomConnect was launched in August 2014. Cumulatively to date 1.4 million moms receive health messages related to the stage of their pregnancy as well as health issues related to their infants (up to one year of age). During this period we also received 1320 spontaneously reported complaints as well as 9326 compliments. Most of the complaints are about long waiting times, stockouts of medicines and vaccines as well as disrespectful health personnel.

Managers are requested to support front line health personnel to register all pregnant women on MomConnect. Its free!

As a flipside to MomConnect the NDOH has a free mHealth service available to all nurses. This service provides information through regular SMS messages on maternal and child health (to be extended to TB shortly); more detailed information on a mobisite and a helpdesk where nurses can ask questions and get their voices heard. More than 17 000 nurses have already registered on NurseConnect!

Please encourage nurses at all facilities to sign up to this service and tell us how to improve it to satisfy their needs.

7. CONTRIBUTIONS TO THE NEXT NEWSLETTER

As always we would like to encourage provincial managers, district managers and facility managers to send us inputs for the next Newsletter. This Newsletter is not only intended to share news from the National Department but also for provinces, districts and health facilities as well as for school health teams and members of the District Clinical Specialist Teams to share examples of their work. Please send inputs for the next Newsletter to pillay@health.gov.za

QUIZ: WHAT OTHER BALLOONS CAN YOU ADD TO THE PICTURE BELOW TO MAKE PREVENTION EVEN MORE COMPREHENSIVE?

